

# Washington Metropolitan Area Transit Commission

## 2011 Carrier Annual Report Form

### PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2011, must file a complete 2011 annual report and pay a \$150 annual fee on or before **January 31, 2011**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 3, 2011.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

### 1. ANNUAL REPORT OF:

56 | Georgetown University, t/a Georgetown University Transportation Shuttle

\*WMATC No. | \*Name of Carrier (as shown on certificate of authority)

3700 O Street, N.W., Kennedy Hall Mezzanine Level, Washington, DC 20057-0003

\*Street Address of Principal Place of Business

Mailing Address (if different from street address)

(202) 687-6877 | (202) 687-4372 | (202) 687-6634 | nocksmid@georgetown.edu

\*Telephone Number | Other Telephone | Fax Number | E-mail

### 2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Diann Nock Smith | Director

\*Name | \*Title

(202) 687-4372 | (202) 687-4372 | (202) 687-6634 | nocksmid@georgetown.edu

\*Telephone Number | Other Telephone | Fax Number | E-mail

### 3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*(Complete section 3 only if the street address in section 1 is outside the Metropolitan District):

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process

Street Address

Telephone Number | Other Telephone | Fax Number | E-mail

4. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

5. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both pages of this form; **or** (3) attach your own vehicle list to both pages of this form. Include **all** required information.

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity

6. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

DIANN NOCK SMITH

\*Name (Type or Print)

DIRECTOR

\*Title

Diann Nock Smith

\*Signature

1/28/11

\*Date

**Washington Metropolitan Area Transit Commission****2011 Annual Report: Revenue Vehicle List**

Name: Georgetown University

Trade Name: Georgetown University Transportation Shuttle

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. Choose one and only one of the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list, check the box indicating all information is accurate, and return this list with both pages of your annual report form; or (3) attach your own vehicle list to both pages of the annual report form. Failure to report revenue vehicles may result in a civil forfeiture.

☒ Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
1	2005	Thomas	1T7YT2A2751154862	B41415	DC	45
2	2005	Thomas	1T7YT2A2551154861	B41414	DC	45
3	2000	Dodge	1BAGP24R8YR748105	B39594	DC	4
4	2005	Navistar	1HVBTA8M8SH116808	B41412	DC	26
5	2006	Blue Bird	1BABNBKA56F236123	B42601	DC	41
6	2006	Blue Bird	1BABNBKAB6F236119	B42607	DC	41
7	2006	Blue Bird	1BABNBKA16F236118	B42608	DC	41
8	2006	Blue Bird	1BABNBKA16F236126	B42600	DC	34
9	2006	Blue Bird	1BABNBKA16F236121	B42603	DC	41
10	2006	Blue Bird	1BABNBKA16F236125	B42605	DC	34
11	2006	Blue Bird	1BABNBKA16F236122	B42604	DC	41
12	2006	Blue Bird	1BABNBKA16F236124	B42602	DC	41
13	2006	Blue Bird	1BABNBKA16F236120	B42606	DC	41
14	2006	Blue Bird	1BABNBKA16F236117	B42609	DC	41
15	2006	Freightliner	4UZAADDD96CW21548	B42611	DC	26
16	2006	Freightliner	4UZAADDD66CW19479	B42612	DC	26
17	2006	Freightliner	4UZAADDD06CW21549	B42610	DC	26